

Mississippi Autism Board

P.O. Box 136

Jackson, MS 39205

Telephone (601) 359-6792 Fax (601) 576-2570 www.MSAutism.sos.ms.gov

Behavior Technician Registration Form

Behavior Analysts and Assistant Behavior Analysts licensed by the Mississippi Autism Board are required to register any and all Behavior Technician currently providing applied behavior analysis treatment services under his/her supervision and direction.

Behavior Analysts and Assistant Behavior Analysts are required to provide the Mississippi Autism Board an updated Supervisory Form any time a new behavior technician is under his/her supervision and/or any time a behavior technician ceases to provide services under his/her supervision. Please provide the name, contact information, and certification information of each behavior technician under your supervision below. All behavior technicians must be qualified as a Registered Behavior Technician™ by the Behavior Analyst Certification Board®. Evidence of such qualification must be submitted along with this form.

Behavior Analyst/Assistant Behavior Analyst Information

License No. _____

Name _____

Employer _____

Address _____

City, State, ZIP _____

Office Phone _____ Fax _____ Email _____

Behavior Technician Registration Information

Name	Phone	Email	Beginning Date of Supervision
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Name	Phone	Email	Beginning Date of Supervision
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Name	Phone	Email	Beginning Date of Supervision
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Behavior Technician(s) No Longer Under Supervision

Name	Phone	Email	Date of Termination of Supervision
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Name	Phone	Email	Date of Termination of Supervision
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Name	Phone	Email	Date of Termination of Supervision
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Name	Phone	Email	Date of Termination of Supervision
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Comments

Please provide any additional details or information related to the behavior technician supervision information completed above you deem necessary for the Board's review and/or documentation purposes.

Licensee Signature

Date